

01713

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County... 1 Harford

City or town... Edgewood
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Ind County...

City or town... Edgewood Road
(If outside city or town limits, write RURAL and give nearest town)

Street No. ...

(If rural, give LOCATION)

2(a) If veteran, name war...

3. (a) FULL NAME

Pearl B Burns

3. (b) Social Security Number

4. Sex

L

5. Color or race

White married

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Alonso C Burns

7. Birth date of deceased (mo., day, yr.)

Nov 4 1877

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

70

hrs.

min.

9. Birthplace

Indiana
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

Benjamin Weaver

13. Birthplace

Ind

14. Maiden name

Elysebeth R. Lamborn

15. Birthplace

Cass Co. Ind.

16. Informant

Mrs. Esther R. Clifford

Address

Edgewood Rd

17.

(Burial, cremation, or removal. Which?)

Date thereof

March 2, 1948
(month) (day) (year)

Cemetery or crematory

Parkwood Cemetery

Location

Rural

18. Funeral director

Wellsrich Funeral Home

Address

2008 Orleans St Baltimore

19.

(Date rec'd by registrar)

3-1

19

48

A.W.

Wellsrich

Regist

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Feb 29 1948 at 2:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1948 to Feb 29 1948

and that I last saw her alive on Feb 26 1948

Immediate cause of death... Tubercular infection

D. throat & lungs from

chronic & several years

duration and primary

in lungs.

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... M. D. or other

Address... Date signed 2/29/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County.....*Harford*
 City or town.....*Street (rural)*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sarah Ann Bush

3. (b) Social Security Number

4. Sex

F.

5. Color or race

w.

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

John Ellsworth Bush

7. Birth date of deceased (mo., day, yr.)

Dec 2, 1868

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

*79**6**29*

hrs.

min.

9. Birthplace

Rocks, Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Ralph Curry

13. Birthplace

Harford Co.

14. Maiden name

Hannah Tate

15. Birthplace

Rocks, Md.

16. Informant

Isabelle Bush,
Rocks, Md.

Address

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

Feb 4, 1948
(month) (day) (year)

Cemetery or crematory

Wm Watters Mem.

Location

Cooptown, Md.

18. Funeral director

Martin G. Kurtz

Address

Jarrettsville, Md.

19. (Date rec'd by Registrar)

*Feb 4, 1948**Thomas R Brown*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Harford

City or town

Street (rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 1st

19

48

at

9 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Feb 1**1948**Feb 1**1948*

and that I last saw her alive on

*Feb 1**1948*

Immediate cause of death

Cerebral Hemorrhage

DURATION

*24 hrs**Hyperclausura**cardiovascular*

Due to

disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles C. Jeff

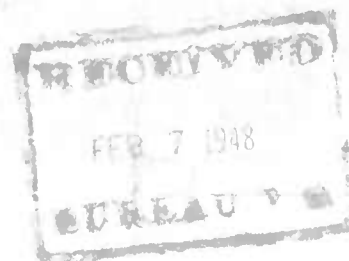
M. D. or other

Address

Street, Md.

Date signed

2-3-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

01715 181

Reg. Dist. No.

1. PLACE OF DEATH:

County Harford
City or town Rural - Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? About 40 yrs.
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harford
City or town Rural - Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
Street No. Cassius Road
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Anton Chaloue

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 29, 1856 6.(c) If alive, give age years

8. AGE: Years 91 Months 9 Days 0 If less than one day hrs. min.

9. Birthplace Prang, Czechoslovakia
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Anton Chaloue

13. Birthplace Czechoslovakia

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Charles A. Chaloue

Address Aberdeen, Md. R.T.D.

17. Burial Date thereof Feb. 19, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Francis

Location Abingdon, Md.

18. Funeral director Henry Sorking & Sons

Address Aberdeen, Md.

19. Feb. 18 19 48 Nellie D. Wiley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 19 48 at 6:30 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug. 1947 to Feb. 1948 and that I last saw him alive on Feb. 16, 1948

Immediate cause of death Heart DURATION 5 days

Due to arteriosclerosis C-V Disease & yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

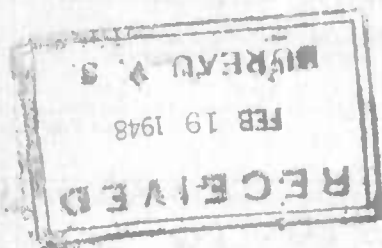
23. SIGNATURE J. Ralph Hasky M.D. M. D. or other

Address Charmelle Md. Date signed Feb 18

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford Co Home
 City or town Beld Air Md Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Harford
 City or town Rural - Beld Air
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Admshouse
 (If rural, give LOCATION)
 2(a) If veteran, name war.....

3. (a) FULL NAME

Benjamin Chambers

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Unknown
 7. Birth date of deceased (mo., day, yr.) July 15 - 1965
 6. (c) If alive, give age..... years
 8. AGE: Years 80 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace Harford Co Md
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Wm Chambers
 13. Birthplace Md
 14. Maiden name Mary Ayer
 15. Birthplace Md

16. Informant Clark Fitzpatrick
 Address Beld Air Md

17. Burial Date thereof July 17/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Harford Co Home
 Location Mar Bld Air Md

16. Funeral director J. J. Foster
 Address Beld Air Md

19. Feb 17 19 48 P. Towood
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 19 48 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 - 19 47 to Feb 16 19 48
 and that I last saw him alive on Feb 13 - 19 48

Immediate cause of death Ch. Myocardial Hypertrophy
 DURATION 1 yr.

Due to.....
 Due to.....

Other conditions Ch. Myocardial Disease
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)

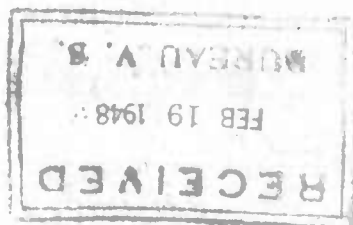
Injured at home, farm, industry, public place (where?)
 Means of injury injured at work?

23. SIGNATURE W. Leonard P. Henderson MD
 Address Forest Hill Md Date signed 2/16/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County HARFORD
 City or town HAVER DE GRACE
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? LIFE
 Hospital, institution, or street address where death occurred:
HARFORD MEMORIAL HOSP.
 How long in hospital or institution? 3 wks.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County HARFORD
 City or town HAVER DE GRACE
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 624 LINDEN LANE
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

JOHN MONROE COAKLEY

3. (b) Social Security Number

218-05-0037

4. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced WIDOWED
 6. (b) Name of husband or wife ANNA MARIE MCGREW
 7. Birth date of deceased (mo., day, yr.) MAY 28, 1887
 6. (c) If alive, give age _____ years
 8. AGE: Years 60 Months 8 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace HAVER DE GRACE HARFORD MARYLAND
 (Town, county, and state)

10. Usual occupation FOREMAN

11. Industry or business U.S. GOVT.

12. Name EUGENE COAKLEY
 13. Birthplace FREDERICKSBURG, VA.
 14. Maiden name MURIE GILBERT
 15. Birthplace HAVER DE GRACE, MD.

16. Informant MISS JEAN COAKLEY
 Address 800 S. UNION AVE

17. Burial Date thereof 2/16/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Angel Hill
 Location Haver de Grace

18. Funeral director Birmingham (Rm)
 Address Haver de Grace, Md.

19. Feb 16 19 48 A. L. LEWIS, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14th 19 48 at 2:58 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to Feb. 12-48 19 _____

and that I last saw him alive on February 13-48 19 _____

Immediate cause of death Circulatory collapse DURATION _____

Due to Aplastic anemia

Due to _____

Other conditions _____

(Include pregnancy within months of death)

Major findings of operations I & O of cutaneous lesion

Date of op. Feb 12-48

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE John F. Nogueira M.D.
 Address Hospital - Haver de Grace Date signed 2/14/48

RECEIVED

FEB 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County HarfordCity or town Harford
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yrs.

Hospital, institution, or street address where death occurred:

St. Francis VillaHow long in hospital or institution? 10 yrs.

3. (a) FULL NAME

Sister Mary Winifred (Mary Conway)

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) It alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

March 15 - 1861

8. AGE:

86

Years

10

Months

Days

26

It less than end day

hrs.

min.

9. Birthplace

Ireland
(Town, county, and state)

10. Usual occupation

Cook

11. Industry or business

John Conway

12. Name

Ireland

13. Birthplace

Margaret Conway

14. Maiden name

Ireland

15. Birthplace

John Conway

16. Informant

Harold De Brase

Address

Burial

17. (Burial, cremation, or removal, which?)

Date thereof

2/12/48
(month) (day) (year)

Cemetery or crematory

Holy Redeemed

Location

Baltimore, Md.

18. Funeral director

Pennington & Sons

Address

Harold De Brase19. Feb-1119 48G. L. Lewis M. D.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Harford
(If outside city or town limits, write RURAL and give nearest town)Street No. Commerce & Market

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 19 48 at 6:50a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 19 19 47 to Feb 10 19 48and that I last saw her alive on Feb 10 19 48

Immediate cause of death

Carcinoma of Right Eye Orbit + Brain

Due to

Carcinomatous

Due to

Cachexia

Other conditions

Cachexia

(Include pregnancy within 8 months of death)

Major findings of operations

Date et op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles J. Foley M.D.

Address

Harold De BraseDate signed 2/11/48

RECEIVED
FEB 13 1948
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

01718

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
City or town Bal. Cir.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Foundation Green Hospital
How long in hospital or institution? Lk. 35 mi.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
City or town Rural Bal. Cir. Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Foundation Green
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

Pastica Ellen Criss

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife
7. Birth date of deceased (mo., day, yr.) Feb. 13 - 1948 8. (c) If alive, give age years
8. AGE: Years Months Days If less than one day
L hrs. 35 min.

9. Birthplace Bal. Cir. Harford Co. Md. R.F. #
(Town, county, and state)
10. Usual occupation None
11. Industry or business

12. Name Troy B. Criss
13. Birthplace W. Virginia
14. Maiden name Mary Ellen Brafton
15. Birthplace Harford Co. Md.

16. Informant Mr. Troy B. Criss
Address Bal. Cir. Md. Box 281
17. Burial Date thereof Feb. 15 - 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Bahis
Location Cherdeen Md.
18. Funeral director Henry Taming House
Address Cherdeen Md.

19. 2/14 1948 P. Towood
(Date registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1948 at 7:58 P.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased on Feb. 13 1948, to death and that I last saw her alive on Feb. 13 1948

Immediate cause of death Prematurity
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wesley P. Hudson M.D.
Address Frost House Md. Date signed 2/14/48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 17 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0171/8 2

1. PLACE OF DEATH:

County Harford
 City or town Bagley, Fallston Rd.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 80 years
 Hospital, institution, or street address where death occurred
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Harford
 City or town Bauson
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

MARIAN

CURTISS

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) March 8 1867
 8. AGE: Years 80 Months 11 Days 3 It less than one day
 6.(c) If alive, give age years

9. Birthplace Bagley, Harford Co. Md.
 (Town, county, and state)

10. Usual occupation Teacher

11. Industry or business Retired

12. Name Geo. G. Curtiss

13. Birthplace Sheffield Mass

14. Maiden name Mary E. Hanox Lewis

15. Birthplace Baltimore Md.

16. Informant Miss Ethel Curtiss

Address Fallston Md.

17. Cremation & Burial Date thereof Feb 13 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Little Falls Friends Cem.

Location Fallston, Md.

18. Funeral director Martin G. Vintz

Address Arrettsville, Md.

19. 2/13 48 P. Fourwood
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 19 48 at 12:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 3 19 47 to Feb 11 19 48

and that I last saw her alive on Feb 10 19 48

Immediate cause of death Cerebral Thrombosis DURATION 4 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE William P. Hudson M. D. or other

Address Forest Hill Md Date signed 2/13/48

RECEIVED

FEB 14 1948

STRAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford
 City or town Norris's Corner, Edgewood R.D.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Harford
 City or town Rural - Norris's Corner, Edgewood
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Norris's Corner
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

August Frank ~~Wm~~ Dieckman

3. (b) Social Security Number

220-17-7070 A

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Gene Dieckman

7. Birth date of

deceased (mo., day, yr.)

Sept. 16, 1865

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

82

4

28

hrs.

min.

9. Birthplace

Germany

(Town, county and state)

10. Usual occupation

cylinderman

11. Industry or business

MOTHER FATHER

12. Name

Ernest Dieckman

13. Birthplace

Germany

14. Maiden name

Hannel Ritter

15. Birthplace

Germany

16. Informant

W. F. Dieckman

Address

Edgewood R.D. Maryland

17. Burial

Burial

Date thereof

Feb. 17, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

18. Cemetery or crematory

Cokesbury

Location

Abingdon Maryland

19. Funeral director

Howard K. Thomas

Address

Abingdon Maryland

20. Date of death

Feb. 17

1948

Name of Registrar

Mamie M. Moultsdale

Date rec'd by registrar

Feb. 17

1948

Name of Registrar

Mamie M. Moultsdale

21. Signature

Willard P. Hudson

Address

Forest Hill md

Date signed

2/18/48

1948

Name of Registrar

Mamie M. Moultsdale

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 14, 1948, 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 2, 1948, to Feb. 14, 1948
 and that I last saw him alive on Feb. 10, 1948

Immediate cause of death

Epithelioma of L.P.

DURATION

2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Biopsy: Feb. 1947

Epithelioma

Date of op. none

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

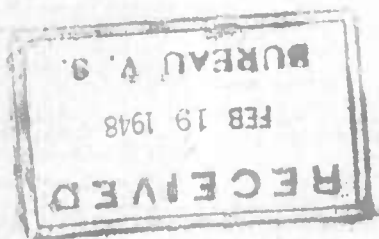
Willard P. Hudson

M. D. or other

Address

Forest Hill md

Date signed 2/18/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Joppa R.D. MarylandCity or town Harford Co
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Joppa Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Samuel Dorman

3.(b) Social Security Number

4. Sex Male5. Color or race Colored6.(a) Single, married, widowed, or divorced Widowed8.(b) Name of husband or wife Corrie Dorman7. Birth date of deceased (mo., day, yr.) unknown 1876

B.(c) If alive, give age _____ years

8. AGE: Years 32 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Somerset Co Maryland
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name Frost Dorman13. Birthplace Maryland14. Maiden name Mary Bailey15. Birthplace Maryland18. Informant Frost DormanAddress Joppa R.D. Md17. Buried Date thereof Feb 17 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Community BaptistLocation Joppa Maryland18. Funeral director Howard H. McCombsAddress Abingdon Md19. Feb 2 1948 Maurice Moulden
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1948 at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death Arteriosclerotic C.V. Disease

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Gerald C. Palmer M.D.Address Harford County Md Date signed 2/8/48

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

Chambers

ANTHONY J. LEO

ASST. ATTORNEY

RECEIVED
FEB 16 1948
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4861

01723

185-

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... HARFORD
 City or town..... HAYRE DE GRACE
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:
Harford Memorial Hospital
 How long in hospital or institution? 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Harford
 City or town..... Aberdeen
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... NONE
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

DORSEY - MAMIE C.

3. (b) Social Security Number

4. Sex..... FEMALE 5. Color or race..... Colored 6. (a) Single, married, widowed, or divorced..... DIVORCED
 6. (b) Name of husband or wife..... NOT GIVEN
 4 October 1903 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... October 4, 1903
 8. AGE: Years..... 44 Months..... 4 Days..... 4 If less than one day..... hrs. min.

9. Birthplace..... Maryland
 (Town, county, and state)
 10. Usual occupation..... NONE
 11. Industry or business.....
 12. Name..... HENRY DORSEY
 13. Birthplace..... Maryland
 14. Maiden name..... MALVERNA BANKS
 15. Birthplace..... Maryland

16. Informant..... James A. Dorsey
 Address..... Aberdeen, Md.
 17. Burial Date thereof..... Feb. 12, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory..... Union M.E. Cemetery
 Location..... Near Aberdeen, Md.
 18. Funeral director..... Henry Tarrington & Sons
 Address..... Aberdeen, Md.
 19. Feb-9 19 48 A. L. Lewis M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 8 FEBRUARY 19 48 at 8:45 A. M.

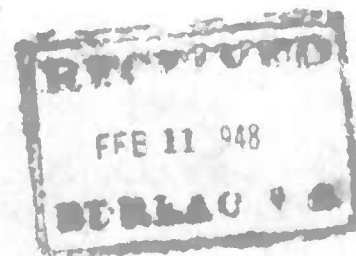
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 27, 1948 to Feb. 6, 1948
 and that I last saw him alive on Feb. 6, 1948

Immediate cause of death..... Circulatory collapse
 Due to..... Advanced carcinoma
of uterus c. multiple
metastases - (peritoneal,
left lung and pleura,
 Other conditions..... lymph nodes
 (Include pregnancy within 3 months of death)

Major findings of operations..... no operation
 Date of op.....
 Autopsy results..... no autopsy
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....
 23. SIGNATURE..... John F. W. Jones MD
 Address..... Hospital - Hanesboro Date signed..... 2-8-48
 M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH

County Harford
City or town Pylesville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Harford
City or town Pylesville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 100
(If rural, give LOCATION)
2.(a) if veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Chie Dunningan

7. Birth date of deceased (mo., day, yr.) Dec 11 1960 6.(c) If alive, give age 80 years

8. AGE: Years 84 Months 2 Days 10 If less than one day
hrs. min.

9. Birthplace Harford Co MD
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Dunningan

13. Birthplace Pylesville

14. Maiden name Ann Clark

15. Birthplace Pylesville

16. Informant Harold Dunningan

Address Pylesville MD

17. (Burial, cremation, or removal, Which?) Burial Date thereof Feb 21 1948
(month) (day) (year)

Cemetery or crematory St. Mary's

Location Pylesville MD

18. Funeral director St. Howard

Address 1000 Pa

19. Feb 23 19 48 Thomas R. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 19 48 at 3:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 42 to Feb 21 19 48
and that I last saw him alive on Feb 21 19 48

Immediate cause of death Chronic Bronchitis
Myocardial Failure

Due to Ant. Seler, C-V. Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sniah G. Hunt MD
M. D. or other Dr. Hunt

Address Pylesville Pa Date signed 2/21/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County HarfordCity or town Harford
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 14 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -

3. (a) FULL NAME

Mary Gatto

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single6. (b) Name of husband or wife -

7. Birth date of

deceased (mo., day, yr.) May 12, 1933

8. AGE:

14 Years 8 Months 26 Days - hrs. - min.9. Birthplace Harford, Md.
(Town, county, and state)10. Usual occupation none11. Industry or business -12. Name Frank Gatto13. Birthplace Italy14. Maiden name Culotta Vincenti15. Birthplace Italy16. Informant Frank Gatto (Father)Address Harford, Md.17. Burial Date thereof 2/13/48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Mt. ZionLocation Harford, Md.18. Funeral director Pennington & SonAddress Harford, Md.19. Feb. 11 19 48 G. L. Lewis M.D.
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State Maryland County HarfordCity or town Harford
(If outside city or town limits, write RURAL and give nearest town)Street No. 839 Juniper
(If rural, give LOCATION)2. (a) If veteran, name war -

3. (b) Social Security Number

-

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 19 48 at 11:55 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 7 19 48 to Feb 9 19 48and that I last saw him alive on Feb 7 19 48Immediate cause of death EmbolicDue to DysmenorrheaDue to Coronary FailureOther conditions -

(Include pregnancy within 8 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Charles J. Foley M.D.Address Harford, Md. Date signed Feb 2/11/48

RECEIVED

FEB 13 1948

SECRET

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01725

93d

Reg. Dist. No. 182

1. PLACE OF DEATH:

Harford

County

City or town

Whiteford, Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

25 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Harford

City or town

Whiteford, Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Carvil Richardson Hamilton

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widower

6.(b) Name of husband or wife

Emma Hamilton

6.(c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

March 1, 1864

8. AGE:

Years

83

Months

11

Days

17

If less than one day

hrs.

min.

9. Birthplace

Harford Co. Md.

(Town, county, and state)

10. Usual occupation

Retired farmer

11. Industry or business

FATHER

12. Name

Samuel Hamilton

13. Birthplace

Harford Co. Md.

MOTHER

14. Maiden name

Emily Harvey

15. Birthplace

Harford Co. Md.

16. Informant

Robert Hamilton

Address

Whiteford, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Feb. 22, 1948

(month) (day) (year)

Cemetery or crematory

Tabernacle cemetery

Location

Whiteford, Md.

18. Funeral director

Hubert P. Harkins

Address

Delta, Penna.

19.

(Date rec'd by registrar)

Feb 21, 48 M. W. Kirk

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 18, 48, 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1943, to Feb 18, 48

and that I last saw him alive on Feb 16, 48

Immediate cause of death

Myocardial Failure

Due to

Art. Scler. C-V Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Joseph A. Hunt M.D.

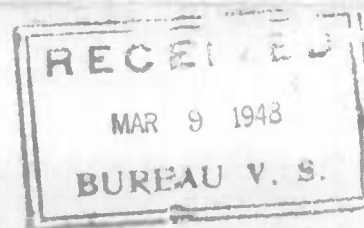
M. D. or other

Address

Delta Pa.

Date signed

2/19/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

01726

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford
City or town Harre de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hosp.How long in hospital or institution? 22 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Perry Point
(If outside city or town limits, write RURAL and give nearest town)Street No. 1166 Ave. D
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

David D. Hansell

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Feb 20, 1948 - 9 22 AM

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

22 hrs.

min.

9. Birthplace

Perry Point, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Edward F. Hansell Jr.13. Birthplace Martinsburg W. Va.14. Maiden name Helen M. Hansen15. Birthplace Maryland16. Informant Edward F. Hansell (Father)Address 1166 Ave. D. Perry Point, Md.17. Burial Date thereof 2-21-48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Angel HillLocation Harre de Grace18. Funeral director Pennington & SonAddress Harre de Grace19. Feb 21 19 48 G. L. Lewis M. D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 19 48 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 20 19 48 to Feb 21 19 48and that I last saw him alive on Feb 21 - 3:30 A.M. 19 48

Immediate cause of death

Prematurity

DURATION

6 M.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

David D. Paley, M.D.
Address Harre de Grace, Md. Date signed Feb 21, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 24 1948

BUREAU V. S.

Evidence for change
of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46 f

01727

185-

FILM No. G 11 MAR 23 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County.....*Berford*
City or town.....*Rural, Paris de Bond*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....*5 yrs*
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....*VA*.....County.....
City or town.....*Corvinton*
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....*NA*.....

3. (a) FULL NAME

Charles Andrew Lewisay

3. (b) Social Security Number

NA

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Carrie Hodges

7. Birth date of deceased (mo., day, yr.)

Sept. 9-1878

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

69 70

5

18

hrs.

min.

9. Birthplace

Bromeville, N. Va.
(Town, county, and state)

10. Usual occupation

Machinist

11. Industry or business

Retired

FATHER

12. Name

Daniel L. Lewisay

13. Birthplace

N. Va.

MOTHER

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Mrs. Mary E. Fletcher

Address

Paris de Bond Md. R.D. #2

17. Removal

(Burial, cremation, or removal, Which?)

Date thereof.....

Feb 28-1948
(month) (day) (year)

Cemetery or crematory

Eden Hill

Location

Corvinton, Va.

18. Funeral director

Mary J. Jarring Sons

Address

Cherdeen Md.

19. Date rec'd by registrar

Feb. 27

19

48

G. L. Lewis M. D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*Feb 27*.....19*48*.....at *5:30 A.* M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from *Jan 19*.....19*48*.....to *Feb*.....19*48*.....and that I last saw him alive on *Feb 26*.....19*48*.....

Immediate cause of death

Cocaine & gold blatter

DURATION

months

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....(City or town).....(County).....(State).....

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

23. SIGNATURE

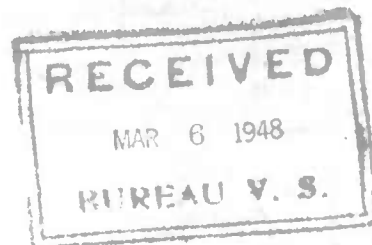
E. J. Simon

Address.....*Hamble de Bond*.....M. D. or other.....*Feb 27 1948*.....Date signed.....

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01728 180

1. PLACE OF DEATH:

County Harford
City or town Magnolia
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death 30 years
Hospital, institution, or street address where death occurred
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harford
City or town Magnolia
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

John Marle

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Theresa Marle

6. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1862

8. AGE: Years 85 Months 11 Days 25 It less than one day hrs. min.

9. Birthplace Harford Co Maryland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Paul Marle

13. Birthplace Germany

14. Maiden name Christine Lomper

15. Birthplace Germany

16. Informant John F. Fitzgerald

Address 333 York Baltimore 29 Md

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof Feb 13, 1948
(month) (day) (year)

Cemetery or crematory St Stephens

Location Bristow Maryland

18. Funeral director Howard A. McCormack

Address Abingdon Maryland

19. 1413 48 Marion Mouldale
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 19 48 530 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 47 to Feb 10 19 48

and that I last saw him alive on Feb 8 19 48

Immediate cause of death Cerebral hemorrhage

Due to generalized arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frederic J. Hodous M.D.

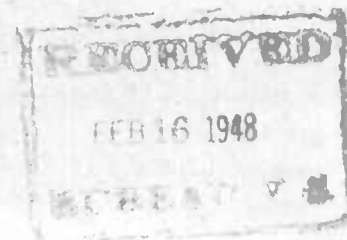
Address Edwood Md Date signed 2-10-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

01729

1. PLACE OF DEATH:

County Harford
 City or town Harford
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Harford Memorial Hospital
 How long in hospital or institution? 11 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil
 City or town Port Deposit
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 36 Center Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Georgia Mc Kenzie

3. (b) Social Security Number

4. Sex Female 5. Color or race colored 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Richard Mc Kenzie

7. Birth date of deceased (mo., day, yr.) October 13, 1890

8. AGE: Years 58 Months 9 Days 10 It less than one day
 hrs. min.

9. Birthplace Port Deposit, Md.
 (Town, county, and state)

10. Usual occupation domestic

11. Industry or business

12. Name John B. Caswell

13. Birthplace Knoville, Tenn.

14. Maiden name Sarah A. Sterenssa

15. Birthplace Franklin County, Va.

16. Informant Miss Reba B. Caswell

Address 36 Center St. Port Deposit, Md.

17. Burial Date thereof Feb 4 - 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cokesbury Cem

Location Cecil Co. Md.

18. Funeral director Elmer E Bullock

Address 536 Lewis St. Harford, Md.

19. Feb 4 19 48 G. L. Lewis M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1st / 48 19 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 31st 48 19, to Feb. 1st 48 19, and that I last saw her alive on Jan. 31st 48 19.

Immediate cause of death Coronary heart disease
Generalized arteriosclerosis
 Due to obesity

DURATION

24 hrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

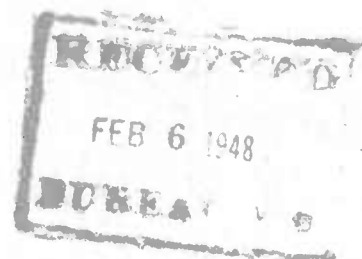
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. L. Lewis M.D. M. D. or other

Address Port Deposit, Md. Date signed 2-1-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford
 City or town Safe de Grace
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hospital
 How long in hospital or institution? 6 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Bel Air
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Baby girl Moffett

3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced newborn infant

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Feb. 6-48 at 6²⁰ AM 6.(c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Safe de Grace Maryland
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business _____

12. Name Walter Moffett Jr13. Birthplace Maryland14. Maiden name Maria O. Hanley15. Birthplace Maryland16. Informant Hospital RecordAddress Safe de Grace Md17. Burial Date thereof Feb 7 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory CortisburyLocation Abingdon Md18. Funeral director Howard K. McCormackAddress Abingdon Md19. Feb 7 19 48 A. L. Lewis Jr

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6th 1948 at 12³⁵ P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 6-48 19. to same 19.

and that I last saw him alive on same 19.

Immediate cause of death Central respiratory failure

Due to Prematurity

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John F. Noguera M

Address Hospital - Safe de Grace M. D. or other _____

Date signed 2-6-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County HarfordCity or town Abingdon
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Abingdon
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Frank Jewett Nickerson

3. (b) Social Security Number

4. Sex Male5. Color or race white6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Ellenor Duree
Nickerson7. Birth date of deceased (mo., day, yr.) June 2 9th 19578. AGE: Years 90 Months 8 Days 3 It less than one day _____ hrs. _____ min.9. Birthplace Newport Wisconsin
(Town, county, and state)10. Usual occupation merchant11. Industry or business business12. Name Frank Nickerson13. Birthplace unknown14. Maiden name Lenore Jewett15. Birthplace unknown16. Informant Mrs Edna HoffmanAddress Long Bar, Abingdon P.O. Md17. Transportation Date thereof Feb 18, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Volunteer Funeral HomeLocation Bellevue, Indiana18. Funeral director Howard K. McCrearyAddress Abingdon Maryland19. Feb 19 19 48 Maryland
(Date rec'd by registrar) (month) (day) (year) (State)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17th 1948 at 1:30 P. M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 18 1948 to Feb 17 1948
and that I last saw him alive on February 1 1948Immediate cause of death osteosarcoma Left side of face

DURATION

20 yrs

Due to _____

Due to _____

Other conditions Osteoid Metastasis of bone
(Include pregnancy within 8 months of death)2 yrs

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE J. F. Magraw

M. D. or other _____

Address Perryville, Ind Date signed 2/18/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH

County Harford
 City or town Bel-air Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore
 City or town 3812 Garrison Ave, Baltimore
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war. ☒

3. (a) FULL NAME

Charles P. Norris

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (c) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Pearl Revell NorrisAlive

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Nov. 28, 1860

8. AGE:

87 Years2 Months7 Days

If less than one day

..... hrs. min.

9. Birthplace

Harford Co., Md

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

Rev. R. S. Norris

13. Birthplace

Harford Co., Md

MOTHER

14. Maiden name

Delina Gilcoat

15. Birthplace

Harford Co., Md.

16. Informant

Mrs. Pearl R. Norris

Address

3812 Garrison Ave Baltimore

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Feb. 5, 1948

Cemetery or crematory

Landon Park Cem.

Location

Baltimore, Md.

18. Funeral director

Address

H. S. BaileyCarlington, Md.

19. (Date rec'd by registrar)

Feb. 4, 1948M. G. Kirk

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4, 1948 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 24, 1948 to Feb 4, 1948and that I last saw him alive on Feb 3, 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 wk

Due to

Arterio Sclerosis

Due to

✓

Other conditions

✓

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. P. Singsross

M. D. or other

Address

Washington MdDate signed 2/5/48

RECEIVED

MAR 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01733

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
City or town Charlottesville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford
City or town Charlottesville
(If outside city or town limits, write RURAL and give nearest town)
Street No. No
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

George Presberry

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

None

7. Birth date of deceased (mo., day, yr.)

Nov. 7, 1872

8. AGE:

Years 75 Months 2 Days 28 it less than one day
hrs. min.

9. Birthplace

Harford Co., Md.
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

On Farm

MOTHER

12. Name

Henry Presberry

13. Birthplace

Harford Co., Md.

14. Maiden name

Rizah Prigg

15. Birthplace

Harford Co., Md.

16. Informant

Daniel H. Presberry

Address

Charlottesville, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Feb. 8, 1948
(month) (day) (year)

Cemetery or crematory

Haranna Cem

Location

Harford Co., Md.

18. Funeral director

H. H. Bailey

Address

Charlottesville, Md.

19.

(Date rec'd by registrar)

Feb 5, 48 M. O. Kirk
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 19 48 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 30 19 47 to Feb. 5 19 48 and that I last saw him alive on Jan. 28 19 48

Immediate cause of death

Old age

DURATION

Due to

Atherosclerosis, Generalized Dyr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE

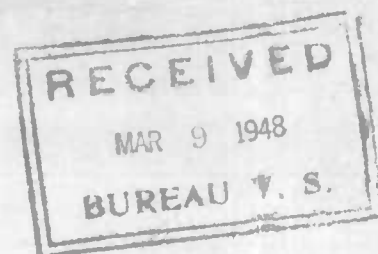
Dudley Phillips, M.D.
Address Charlottesville, Md. Date signed 2/5/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Hartford
City or town Farmington, Belair R.D. Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Hartford
City or town Farmington, Belair R.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

WILLIAM EDGAR
4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Becelia Preston
7. Birth date of deceased (mo., day, yr.) 1888 6. (c) If alive, give age years

8. AGE: Years 68 Months 1 Days 14 If less than one day hrs. min.

9. Birthplace Farmington, Hartford Co., Md
(Town, county and state)

10. Usual occupation Cannery Supervisor

11. Industry or business Wm. S. B. Preston

12. Name Farmington Md

13. Birthplace Elizabeth Hollingsworth

14. Maiden name Farmington Md

15. Birthplace Wm. Edgar Preston, Jr

16. Informant Bel Air R.D. Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan 16, 1948
(month) (day) (year)

Cemetery or crematory Farmington Mt. Zion

Location Farmington Green, Md

18. Funeral director Howard K. McCombs

Address Abingdon Maryland
2/16/48 Registrar

3. (b) Social Security Number

PRESTON Jr. 216-05-7451

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1948 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from MAY 23, 1947 to Feb. 11, 1948
and that I last saw him alive on Feb. 11, 1948

Immediate cause of death Cardiac Decomposition DURATION 2 days

Due to Cerebral of Prostate 15 months

Due to

Other conditions FRACTURE, LEFT FEMORAL NECK 1 month

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident Date of 1/20/48

Accident, suicide, or homicide Home (City or town) (County) (State)

Where did injury occur? Home

Injured at home, farm, industry, public place (where?) Home

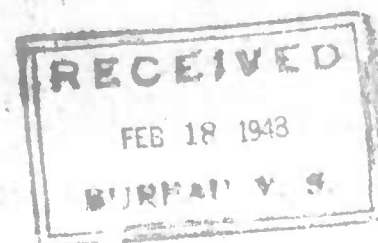
Means of injury Slipped & fell (16 lbs. as) Injured at work?

23. SIGNATURE Robert Barthel MD. M. D. or other
Address Farmington Md Date signed 2/11/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01735 181

1. PLACE OF DEATH:

County Hanford
 City or town Aberdeen
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 yrs.
 Hospital, institution, or street address where death occurred:
42 Church Green
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Hanford
 City or town Aberdeen
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 42 Church Green
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Senia A. Russell

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband Robert L. Russell
 7. Birth date of deceased (mo., day, yr.) December 16th 1862
 6. (c) If alive, give age years
 8. AGE: Years 85 Months 1 Days If less than one day
 hrs. min.

9. Birthplace Hurlock Md.
 (town, county, and state)
 10. Usual occupation At home
 11. Industry or business

MOTHER FATHER
 12. Name Isaac Milligan
 13. Birthplace Hurlock Md.
 14. Maiden name Matilda Marshall
 15. Birthplace Hurlock Md.

16. Informant Mrs. Charles L. Russell
 Address 824 N. Danville St. Delington Va
 17. Burial Date thereof Feb 10 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Bakers
 Location Near Aberdeen
 18. Funeral director Henry Taxing & Sons
 Address Aberdeen Md.

19. Feb 10 19 48 Nellie H. Riley
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1948 at 6:08 M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4 19 47 to Feb 7 19 48
 and that I last saw him alive on Feb 7 1948

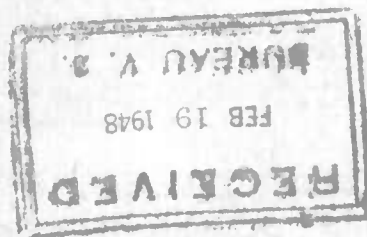
Immediate cause of death Arteriosclerosis
Hypertension
 Due to Arteriosclerosis
 Due to Tobacco
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D.
 Address Hammond St. 2/9/48 Date signed



Reg. Dist. No. 182

IV

RECEIVED

MAR 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01737

Reg. Dist. No. 181

1. PLACE OF DEATH:

County H arfordCity or town Aberdeen Proving Ground,
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Station Hospital Aberdeen Proving Ground, Md.How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Oregon County MultnomahCity or town Portland
(If outside city or town limits, write RURAL and give nearest town)Street No. 123 S.E. 27th Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

DUDLEY H. SNEDIGAR, 1st Lt., U. S. Army

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mrs. Effie Snedigar7. Birth date of deceased (mo., day, yr.) September 15, 1911 6. (c) If alive, give age 28 years8. AGE: Years 36 Months 4 Days 27 If less than one day _____ hrs. _____ min.9. Birthplace Sacramento, California
(Town, county, and state)10. Usual occupation Officer11. Industry or business U. S. Army12. Name Charles, D. Snedigar13. Birthplace Mineral Wells, Texas14. Maiden name Mabel Shane15. Birthplace Hamilton, Oregon16. Informant Capt. Darold B. SnedigarAddress U. S. Army17. Amputation Date thereof Jul 13, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Holman + SutLocation Portland Oregon18. Funeral director Howard W. McCrearyAddress Aberdeen Proving Ground19. Feb. 18 19 48 Nellie H. Riley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 19 48 at 9:25 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 2 19 48 to February 12 19 48and that I last saw him alive on February 12 19 48

Immediate cause of death

Coronary Arteriosclerosis
Failure

DURATION

6 days

Due to

Uremia12 days

Due to

Nephritis? 12 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

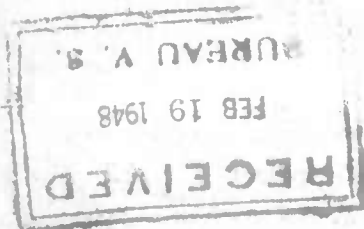
Means of injury

Injured at work?

23. SIGNATURE

W. Edelkowsky M.D.Address APG - Sta Hosp. Md. Date signed 12 Feb 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

01738

CERTIFICATE OF DEATH

Reg. Dist. No. 186-

1. PLACE OF DEATH:

County HARFORDCity or town HARFORD DE GRACE
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 hrs.

Hospital, institution, or street address where death occurred:

HARFORD MEMORIAL HOSP.How long in hospital or institution? 9 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County HARFORDCity or town HARFORD DE GRACE
(If outside city or town limits, write RURAL and give nearest town)Street No. Robin Hood Rd. RD #1

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Baby Boy 50th

3. (b) Social Security Number

4. Sex

MALE

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) FEBRUARY 13, 1948

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

9 hrs.15 min.9. Birthplace HARFORD DE GRACE HARFORD MARYLAND
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

12. Name LAWRENCE T. 50th13. Birthplace Hamlet NY14. Maiden name CAROLINA M. Apple15. Birthplace MARYLAND16. Informant Mr. Lawrence T. 50thAddress HARFORD DE GRACE MD RD #117. Burial Date thereof Feb. 15-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BahamLocation Cheridan md18. Funeral director Henry Tanning SonsAddress Cheridan md19. Feb. 14 19 48 A. L. Lewis M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14/48 19 at 3:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 at 19
and that I last saw him alive on Feb. 14-48 19

Immediate causal death

DURATION

Prenatality

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

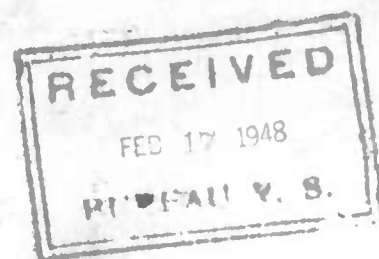
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Harford Md Date signed 2/14/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for Change of age
is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM NO. G 114 MAR 8 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 01739 181

1. PLACE OF DEATH:
County Hartford County
City or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year
Hospital, institution, or street address where death occurred:
Swan Creek - Old Post Road Route 2
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Hartford
City or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
Street No. Old Post Road, Route # 2
(If rural, give LOCATION)
2.(a) If veteran, name war No.

3. (a) FULL NAME Charles Henry Stansbury 3. (b) Social Security Number

4. Sex M 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Mary C. Stansbury
7. Birth date of deceased (mo., day, yr.) January 8, 1885 6. (c) If alive, give age 61 years
8. AGE: Years 62 Months 6 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Hartford County, Town of Aberdeen
(Town, county, and state)
10. Usual occupation Farming

11. Industry or business
FATHER 12. Name Solomon Stansbury
13. Birthplace Perryman, Maryland
MOTHER 14. Maiden name unknown.
15. Birthplace unknown.

16. Informant Mary C. Stansbury
Address Aberdeen, Maryland

17. Burial Burial Date thereof Feb 25 48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Union M. C.
Location Near Aberdeen Md

18. Funeral director Harry J. Jorgensen
Address Aberdeen Md

19. Feb 23 19 48 Nellie H. Riley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 19 48, at 3 30 p. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 20 19 48, to February 21 19 48, and that I last saw him alive on February 21 19 48.

Immediate cause of death Cerebral hemorrhage DURATION 4 hours

Due to Essential Hypertension 4 years

Due to

Other conditions Diabetes Mellitus 3 years

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Arthur V. Gould Jr. MD M. D. or other

Address 200 N Union Ave Date signed 2/22/48
Have the Green

RECEIVED

MAR 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01740

Reg. Dist. No. 182

1. PLACE OF DEATH:

County HarfordCity or town Darlington Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County HarfordCity or town Rural - Darlington
(If outside city or town limits, write RURAL and give nearest town)Street No. Poplar Grove
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

BENJAMIN F. TEMPLE

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (b) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Estie Temple

7. Birth date of

deceased (mo., day, yr.)

March 22 1877

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

70222

hrs.

min.

9. Birthplace

Baltimore Co., Md.
(Town, county, and state)

10. Usual occupation

Black Smith

11. Industry or business

Wagon work

FATHER

12. Name

Benjamin Temple

13. Birthplace

Unknown

MOTHER

14. Maiden name

Unknown

15. Birthplace

16. Informant

Mrs. Benjamin Temple

Address

Street, Md. Rural

17.

(Burial, cremation, or disposal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Quiblin Cem.

Location

Harford Co., Md.

18. Funeral director

H. S. Bailey

Address

Darlington, Md.

19.

(Date rec'd by registrar)

19. 48

M. H. Kirk

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 2419. 48 at 230 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 219. 47 to Feb 24

19. 48

and that I last saw him alive on Feb 24 19. 48

Immediate cause of death

pulmonary Edema
Terminating

DURATION

Due to

Chr. Myocardial Disease 8 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wellard P. Hudson M.D.

M. D. or other

Address

Forest Hill Md

Date signed

2/25/48

RECEIVED

MAR 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

01741

1. PLACE OF DEATH:

County Harford
City or town Janettsville (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Harford
City or town Janettsville (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Earl Lawrence Thomas

3. (b) Social Security Number

365-07-9630

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

8. (b) Name of husband or wife

Ester Thomas

7. Birth date of deceased (mo., day, yr.)

May 9-1902

6. (c) If alive, give age

35 years

8. AGE:

Years 45 Months 9 Days 19 If less than one day hrs. min.

9. Birthplace

Duluth Minnesota
(Town, county, and state)

10. Usual occupation

Tool Engineer

11. Industry or business

Glen I. Martin's plant

MOTHER FATHER

12. Name

NOT KNOWN

13. Birthplace

NOT KNOWN

14. Maiden name

NOT KNOWN

15. Birthplace

NOT KNOWN

16. Informant

Ester Thomas

Address

Fallston Rd. Md.

17. (Burial, cremation, or removal, Which?)

Burial

Date thereof

March 1-48
(month) (day) (year)

Cemetery or crematory

Bethel

Location

Madonna Harford Co Md.

18. Funeral director

Martin & Spitz

Address

Janettsville Md.

19. (Date rec'd by registrar)

Mar 1 1948 Thomas R. Brown
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1948 at 10 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1947 to February 27, 1948 and that I last saw him alive on February 24, 1948

Immediate cause of death Hemorrhage dehydration & inanition

DURATION

Due to sarcoma right iliac region

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Osteosarcoma

right iliac

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Charles R. Hoff
Street, Md. Date signed 2-27-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
 City or town Rural - Churchville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mos

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HarfordCity or town Rural - Churchville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

GERALD DEAN VAN HOY

3. (b) Social Security Number

4. Sex Male 5. Color or race wh. 6.(a) Single, married, widowed, or divorced Infant

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1947 6.(c) If alive, give age _____ years

8. AGE: Years 3 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Harford co, Md
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Andy Gilbert Van Hoy

13. Birthplace Grayson co, Va

MOTHER 14. Maiden name Ebba Plummer

15. Birthplace Grayson co, Va

16. Informant Andy G. Van Hoy

Address Bel Air Md R#2

17. Burial Date thereof Feb 12/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory MT Zion

Location Fountain Green Harford Co. Md

18. Funeral director Joseph T Foster

Address Bel Air, Md

19. 2/11 48 P. Foster
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 19 48 at 7:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 19 48 to Feb 10 19 48 and that I last saw him alive on Feb 10-48 19 _____

Immediate cause of death AC. BRONCHO-PNEUMONIA DURATION 4 days

Due to _____

Due to _____

Other conditions Bilateral otitis media 7 da

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wellard P. Hudson M.D M.D. or other _____

Address Forest Hill Md Date signed 2/11/48

RECEIVED

FEB 13 1948

ST. HELENA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 188-

01743

1. PLACE OF DEATH:

County HARFORD
 City or town HAVER DE GRACE
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 hrs
 Hospital, institution, or street address where death occurred:
HARFORD MEMORIAL HOSPITAL
 How long in hospital or institution? 15 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County HARFORD
 City or town HAVER DE GRACE
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 356 GIRARD ST.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

William Thomas Vincenti

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) Nov. 22, 1920
 8. AGE: Years 22 Months 2 Days 28 If less than one day
hrs. min.

9. Birthplace Haver de Grace, Md.
 (Town, county, and state)
 10. Usual occupation Labrwr, Edgewood Md.
 11. Industry or business

12. Name Leon Vincenti
 13. Birthplace Italy
 14. Maiden name Margaret Warrick
 15. Birthplace Harford Co. Md.

16. Informant Mrs. Leon Vincenti
 Address 356 Girard St. Haver de Grace
 17. Burial Date thereof 2/25/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mt. Zion
 Location Haver de Grace

18. Funeral director Peunungton & Son
 Address Haver de Grace, Md.

19. Feb-24 19 47 G. L. Lewis M. D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 22 19 48 at 5:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19..... to 19.....
 and that I last saw him..... alive on 19.....

Immediate cause of death
HEMORRHAGE FROM
RIGHT LUNG
 Due to GUNSHOT WOUND OF
CHEST

Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results NONE
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide HOMICIDE Date of FEB. 22, 1948
 Where did injury occur HAVER DE GRACE HARFORD MD.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) ROOF OF HOUSE
 Means of injury .45 CAL. PISTOL Injured at work? NO

23. SIGNATURE J. H. Ramey M.D.
Deputy Medical Examiner
 Address Aberdeen, Md. Date signed 2/22/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County HARFORD
 City or town HAUBE DE GRACE, MD.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 5 HRS.
 Hospital, institution, or street address where death occurred:
HARFORD MEMORIAL HOSP.
 How long in hospital or institution? 5 HRS.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County HARFORD
 City or town 5 STREET
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) Mo
 2.(a) If veteran, name war _____

3. (a) FULL NAME

REBA JANICE WAGNER

3. (b) Social Security Number

Mo

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced SINGLE
 6. (b) Name of husband or wife None
 7. Birth date of deceased (mo., day, yr.) FEBRUARY 25, 1946
 8. AGE: Years 1 Months 11 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace HAUBE DE GRACE, HARFORD, MARYLAND
 (Town, county, and state)

10. Usual occupation None

11. Industry or business None

12. Name HERMAN WAGNER
 13. Birthplace NORTH CAROLINA
 14. Maiden name NORA CAUDILL
 15. Birthplace NORTH CAROLINA

16. Informant Mr. Herman Wagner
 Address Street, MD.

17. Burial Date thereof FEB. 12, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium Baptist View Cem
 location Sharon, Harford Co, MD
H. B. Bailey

18. Funeral director H. B. Bailey
 Address Carlington, MD.

19. Feb. 10 19 48 G. L. Lewis M. D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 10, 1948 at 1 40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from FEBRUARY 9, 1948 to FEBRUARY 10, 1948 and that I last saw him ER alive on FEBRUARY 10, 1948

Immediate cause of death Bronchopneumonia DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

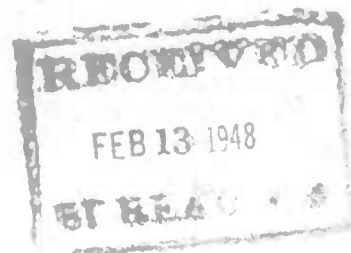
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John P. N. Wagner M.D.

Address John P. N. Wagner M.D. Date signed 2/10/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

53

01745

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
 City or town Benson
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Benson
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Thomas Jefferson Weaver

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White married

6. (b) Name of husband or wife Margaret D. Weaver

7. Birth date of deceased (mo., day, yr.) May 15, 1866
 6. (c) If alive, give age..... years

8. AGE: Years 81 Months 9 Days 7 If less than one day
 hrs. 1 min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Jefferson Weaver13. Birthplace Maryland14. Maiden name Elizabeth Mc Causley15. Birthplace Maryland16. Informant Miss Anne LonganAddress Benson, Md.17. Burial Date 2/16/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johns CemeteryLocation Hydr. Md.18. Funeral director Chas. E. CrossAddress Benson, Md.19. 2/15-48 P. Foworok
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1948, at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11-29 1947 to Feb 12 1948and that I last saw him alive on Feb 12 1948

Immediate cause of death

General arteriosclerosis

Due to

Due to

Other conditions

Immoderate
Co. Excessively
 (Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

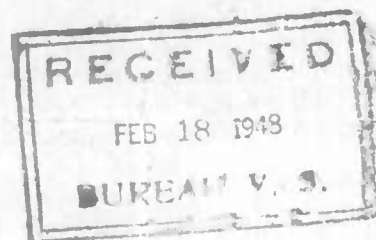
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE Prof. O. H. Holden M. D. or otherAddress Edgewood, Md. Date signed 2-12-48



28
9981
8761

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Howard

City or town Morrisville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Howard

City or town Morrisville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Rebecca M. Wiley

3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife J. Nelson Wiley

7. Birth date of deceased (mo., day, yr.) Nov 10, 1841 6.(c) If alive, give age 87 years

8. AGE: Years 86 Months 2 Days 35 If less than one day _____ hrs. _____ min.

9. Birthplace Howard Co MD
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name Rebecca Wiley

13. Birthplace Howard Co MD

14. Maiden name Rebecca Smith

15. Birthplace Howard Co Pa

16. Informant J. Nelson Wiley

Address Morrisville MD

17. Burial Date thereof Feb 9, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Morrisville

Location Morrisville MD

18. Funeral director W. Howard Webb

Address Lawn Grove Pa

19. Feb. 9 1948 Thomas R. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1948 6:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 2nd 1948 to Feb 4 1948
and that I last saw him alive on Feb 3 1948

Immediate cause of death Cerebral Anemia DURATION _____

Due to Chronic Arteriosclerosis

and Malnutrition

Due to _____

Other conditions 86 yrs

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

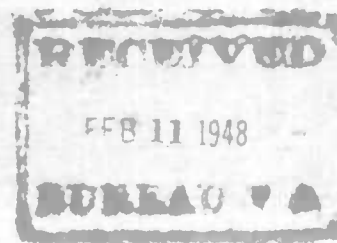
23. SIGNATURE Gauss M. Lee MD M. D. or other _____

Address Lawrenceville Pa Date signed Feb 4 48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01622

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County HARFORD
 City or town HAVRE DE GRACE
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? LIFE

Hospital, institution, or street address where death occurred:

HARFORD MEMORIAL HospitalHow long in hospital or institution? 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HARFORDCity or town HAVRE DE GRACE
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 2
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

CORA Walton Wilfong

3. (b) Social Security Number

4. Sex

FEMALE

5. Color or race

WHITE

6.(a) Single, married, widowed, or divorced

MARRIED

6.(b) Name of husband or wife

W. L. Wilfong6.(c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) July 28, 18778. AGE: Years Months Days If less than one day
70 7 15 hrs. min.

9. Birthplace (Town, county, and state)

W. Virginia10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name Washington Walton13. Birthplace W. Virginia14. Maiden name Virginia Mann15. Birthplace W. Virginia16. Informant W. L. WilfongAddress Havre de Grace, Md. R.D. 217. Burial Date thereof Feb. 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Baker's Cem.Location Havre de Grace, Md.18. Funeral director R. Madison MitchellAddress Havre de Grace, Md.19. Feb. 18 19 48 G. L. Lewis M. D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 15, 1948 at 2:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from FEBRUARY 1, 1948 to FEB. 15, 1948 and that I last saw him alive on FEBRUARY 14, 1948

Immediate cause of death

Arterio Sclerosis
Coronary ThrombosisDue to Amputation of Popliteal OcclusionDue to Gangrene (4/6/48-48)Other conditions Cardiac Failure

*(Include pregnancy within 3 months of death)

Major findings of operations Med. Thigh AmputationDate of op. 2/6/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D.Address 3275 Union Ave. Havre de Grace Date signed 2/15/48

RECEIVED

FEB 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 64

CERTIFICATE OF DEATH

Reg. Dist. No.

01748

185

1. PLACE OF DEATH:

County HartfordCity or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Hartford Memorial HospitalHow long in hospital or institution? 3 1/2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County HartfordCity or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)Street No. 25 Liberty St.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Edward J. Witkowski

3. (b) Social Security Number

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

infant

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Nov. 14, 1947

8. AGE:

Years

Months

Days

If less than one day

—226

hrs.

min.

9. Birthplace

(Town, county, and state)

Pa.

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

12. Name

Edward Witkowski

13. Birthplace

Pa.

14. Maiden name

Florence Malinowski

15. Birthplace

Pa.

16. Informant

Edward Witkowski

Address

52 Liberty St. Aberdeen Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

2/13/48
(month) (day) (year)

Cemetery or crematory

Wilkes Bone Catholic

Location

Wilkes Bone Pa.

18. Funeral director

Birmingham & Son

Address

Hamden Mass. Md.

19.

Feb-10

19.

48G. L. Lewis M. D.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 9th 1948 at 10⁴⁵ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 9-48

19.

to

same

19.

and that I last saw him alive on

same

19.

Immediate cause of death

Anoxia

DURATION

Due to

Hypertrophy of
Thymus

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

none

Date of op.

Autopsy results

same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John F. Voguer M.D.

M. D. or other

Address

Hospital - H. de Grace

Date signed

2/10/48

RECORDED

FEB 13, 1948

BUREAU - 6